1100 100	Paper No.:
DATE : 1/23/07	
TO SPE OF : ART UNIT 3714	· · · · · · · · · · · · · · · · · · ·
SUBJECT : Request for Certificate of Corre	ection on Patent No.: 7018293
A response is requested with respect to the	accompanying request for a certificate of correction.
Please complete this form and return wit	th file, within 7 days to:
	rection Branch – South Tower – 9A22
If response is for an IFW, return to employee (named below) via PUBSCofC Team in MADRAS. With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction (COCIN)? No new matter should be introduced should the scope or meaning of the claims be changed.	
Thank You For Your Assistance	Certificates of Correction Branch
	Tel. No. 703-308-9390 ext. 11
The request for issuing the above-ide lote your decision on the appropriate box.	
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lote your decision on the appropriate box. Approved	ntified correction(s) is hereby: All changes apply.
□ Approved □ Approved in Part	ntified correction(s) is hereby: All changes apply. Specify below which changes do not apply.
□ Approved □ Approved in Part □ Denied	ntified correction(s) is hereby: All changes apply. Specify below which changes do not apply.
□ Approved □ Approved in Part □ Denied	ntified correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.
□ Approved □ Approved in Part □ Denied	ntified correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.

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